



## U.S. Senator John Cornyn

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### PRIVACY RELEASE FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the following agencies \_\_\_\_\_

**(Agency with which you are having difficulties).** Additionally, Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

**\*\*\*PLEASE BRIEFLY DESCRIBE YOUR DIFFICULTY ON A SEPARATE PAGE\*\*\***

Name: (Mr./Mrs./Ms.) \_\_\_\_\_

(Please Print Clearly)

Address: \_\_\_\_\_

(Street)

(City, State, Zip)

Telephone Number: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please fill in appropriate case information (when applicable):**

***For Medicare Beneficiaries:***

Medicare Number: \_\_\_\_\_

Dates of Service for Specific Claim(s): \_\_\_\_\_

***For Medicare Providers:***

Medicare National Provider Identifier (NPI): \_\_\_\_\_

Provider Transaction Access Number (PTAN): \_\_\_\_\_

Last Five Digits of Tax Identification Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_